

Name: Jonathan Robertson
 CDC No: WB 151
 Address: CCWF

UNITED STATES DISTRICT COURT
 EASTERN DISTRICT OF CALIFORNIA

CASE NUMBER: 1:23 cv 00975 EPG

JONATHAN ROBERTSON, et. al.

Plaintiff/Petitioner,

v.

APPLICATION TO PROCEED IN FORMA
 PAUPERIS BY A PRISONER

STATE OF CALIFORNIA, et. al.

Defendants/Respondent.

I, Jonathan Robertson, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "no" DO NOT USE THIS FORM)

State the place of your incarceration. CCWF

2. Are you currently employed (includes prison employment)? ☐ Yes ☒ No

a. If the answer is "yes" state the amount of your pay.

3. Have you received any money from the following sources over the last twelve months?

- | | | | |
|----|---|------------------------------|--|
| a. | Business, profession, or other self employment: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. | Rent payments, interest or dividends: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. | Pensions, annuities or life insurance payments: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. | Disability or workers compensation payments: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. | Re Gifts or inheritances: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. | Any other sources: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "yes," describe by that item each source of money, state the amount received, as well as what you expect you will continue to receive (attach an additional sheet if necessary).

4. Do you have cash (includes balance of checking or savings accounts)? ☐ Yes ☒ No

If "yes" state the total amount: \$100

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "yes" describe the property and state its value: _____

6. Do you have any other assets? ☐ Yes ☒ No

If "yes," list the asset(s) and state the value of each asset listed: _____

7. List all persons dependent on you for support, stating your relationship to each person listed and how much you contribute to their support.

None

This form must be dated and signed below for the court to consider your application.

I hereby authorize the agency having custody of me to provide a certified copy of my trust account statement for activity covering the last six months to the Court. Additionally, once eligibility is established, I further authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. § 1915(b)(2).

9/11/23

DATE

[Signature]

SIGNATURE OF APPLICANT

Applicant's CDCR Number (Mandatory for CDCR Applicants): _____

CERTIFICATION BELOW IS TO BE COMPLETED BY
NON-CDCR INCARCERATED PRISONERS ONLY

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$_____ on account to his/her credit at _____ (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$_____. I further certify that during the past six months the average monthly deposits to the applicants account was \$_____.

(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months.)

DATE

SIGNATURE OF AUTHORIZED OFFICER